



ALABAMA DEPARTMENT OF PUBLIC HEALTH

Scott Harris, M.D.
Acting State Health Officer



September 1, 2019

Dear Principal or Headmaster:

Subject: 2019-2020 Immunization School Entry Survey

The Alabama Department of Public Health (ADPH), Immunization Division, annually surveys all public and private schools to ensure all students are compliant with the Alabama School Immunization Law § 16-30-4; <http://www.adph.org/Immunization/assets/SchoolImmLaw.pdf>. All public and private students are required to have an up-to-date ADPH-approved Certificate of Immunization (COI) printed from Immunization Patient Resources with Integrated Technology (ImmPRINT).

School-required vaccines prevent the following diseases: diphtheria, pertussis, tetanus, polio, measles, mumps, rubella and varicella. This survey identifies students who need additional vaccines, or documentation of vaccines, and to assist schools in their effort to comply with statutory requirements.

Please complete the Alabama Immunization School Entry Survey by Thursday, October 31, 2019, online at <https://epiweb.adph.state.al.us/redcap/surveys/?s=7MTWJXKMAF>. Public and private schools that are enrolled in ImmPRINT and have assigned their students should log in to ImmPRINT and run the CDC Survey report to make sure that the information in ImmPRINT is correct before completing the survey. If the information in ImmPRINT is correct, then only the first page of the online survey above should be submitted.

Your school may be contacted or visited later in the school year by ADPH staff to validate information submitted on this survey.

If you have any questions about the survey, immunization requirements, and/or ImmPRINT, please contact your Immunization Compliance Manager (ICM). See the enclosed ICM map. For your convenience, we have enclosed the instructions to complete the survey and sample parent letter.

Thank you for your assistance in completing the Alabama's 2019-2020 Immunization School Entry Survey.

Sincerely,

Cindy Lesinger
Director, Immunization Division

CL/nsm

Instructions for Completing the 2019-2020 School Entry Immunization Survey

If you have questions about the school law or the completion of this survey, please call the Immunization Compliance Managers (ICMs), see map enclosed.

Complete the survey online at

<https://epiweb.adph.state.al.us/redcap/surveys/?s=7MTWJXKMAF>. Please follow these instructions to complete the online survey form:

Complete all fields marked with an asterisk (*) on page 1. If your school has assigned all students in ImmPRINT, go to the end of the survey and submit.

1. **Total Enrollment Number (Column 1):** Enter the total number of students enrolled in each grade.
2. **Number with Unexpired Certificate of Immunization (COI) (Column 2):** Enter the number of students, by grade, with an Alabama COI with a valid expiration date in the upper right corner.

Note: **Do not** enter students who have a Medical Exemption, Religious Exemption, Both Medical Exemption & COI, or Both Religious Exemption & COI in this column.

3. **Number with Medical Exemption (Column 3):** A permanent medical exemption is located on the back of the COI. This section specifically reads, “State of Alabama Permanent Medical Exemption”. Look on the back of **all** student forms to determine if a physician has granted a permanent medical exemption for vaccines. Enter the number of students, by grade, with a permanent medical exemption in this column.

Note: This applies only to children who are permanently medically exempt from **all** vaccines are included in Column 3. Students have a permanently medically exempt from diphtheria/tetanus/pertussis, measles, mumps, rubella, polio, and varicella vaccines.

4. **Number with Both Partial Medical Exemption and Certificate of Immunization (COI) (Column 4):** Enter the number of students, by grade, which have an Alabama Certificate of Immunization with a valid expiration date **and** an official State of Alabama Temporary Medical Exemption from a licensed physician.

Note: This applies **only** to students who have a temporary medical exemption for **some** of the state vaccine requirements. Students in Column 4 **must have** a current COI showing coverage for the vaccines that are not listed on the State of Alabama Temporary Medical Exemption.

5. **Number with Partial Religious Exemption (Column 5):** Enter the number of students, by grade, which have an official Certificate of Religious Exemption issued from the county health department.

Note: This applies **only** to students who are religiously exempt from **all** vaccines are included in Column 5. Students are religiously exempt from diphtheria/tetanus/pertussis, measles, mumps, rubella, polio, and varicella vaccines. Students who are religiously exempt from all required vaccines do not need to have a Certificate of Immunization.

6. **Number with Partial Religious Exemption and Certificate of Immunization (COI) (Column 6):** Enter the number of students, by grade, who have an Alabama COI with a valid expiration date **and** an official Certificate of Religious Exemption issued from the county health department.

Note: This applies **only** to students who have a religious exemption for **some** of the state vaccine requirements. Students in Column 6 **must have** a current COI showing coverage for the vaccines that are not listed on the Certificate of Religious Exemption.

7. **Number with Expired Certificate of Immunization (COI) (Column 7):** Enter the number of students who have expired certificates.

Note: Please do not hold the survey for students with forms that are expired. Send the survey by the due date and continue to follow these students until a valid certificate is placed in the student record.

8. **Number with No Record on File (Column 8):** Enter the number of students who do not have a COI, Certificate of Religious Exemption, or Medical Exemption in their record.

The total for Columns 2 - 8 should **equal the total enrollment in Column 1.**

After clicking submit, you will receive a CONFIRMATION email of your submitted entry.

Sample Parent Letter

Dear Parent or Guardian:

The State of Alabama School Law, §16-30-4, requires all students entering public or private school to present an up-to-date Alabama Certificate of Immunization (COI), an Alabama Certificate of Religious Exemption, or an Alabama Certificate of Medical Exemption for specific vaccine-preventable.

While conducting the annual School Entry Survey, it was discovered that your child lacked the item(s) marked below. Please bring in a revised COI or documentation of updated immunization history. Your child may be excluded from school this year if there is a reported case of a vaccine-preventable disease.

If you have any questions or need additional information concerning required vaccines or certificates, please call your physician or local county health department.

Thank you for your cooperation.

Sincerely,

Principal or Headmaster Signature

Your child needs:

_____ Alabama Certificate of Immunization

_____ Documentation of varicella vaccine, history of disease, or lab test for
immunity

_____ Documentation of tetanus/diphtheria/acellular pertussis vaccine

_____ Documentation of polio vaccine received on or after the 4th birthday

_____ Documentation of MMR vaccine

Carta de muestra para padres

Estimados padres o tutores:

La Ley Escolar del Estado de Alabama, §16-30-4, requiere que todos los estudiantes que ingresan a escuelas públicas o privadas presenten un Certificado de Inmunización (Certificate of Immunization, COI) de Alabama actualizado, un Certificado de Exención Religiosa de Alabama o un Certificado de Exención Médica de Alabama para enfermedades específicas prevenibles por vacunación.

Mientras se realizaba la Encuesta de Ingreso a la Escuela anual, se descubrió que a su hijo(a) le faltaban los elementos marcados a continuación. Traiga un COI revisado o documentación del historial de vacunas actualizado. Su hijo(a) puede ser excluido(a) de la escuela este año si hay un caso reportado de una enfermedad prevenible por vacunación.

Si tiene alguna pregunta o necesita información adicional sobre las vacunas o certificados requeridos, llame a su médico o al departamento de salud local del condado.

Gracias por su cooperación.

Atentamente,

Firma del Director

Su hijo(a) necesita:

_____ Certificado de inmunización de Alabama

_____ Documentación de la vacuna contra la varicela, antecedentes de enfermedad o prueba de laboratorio para inmunidad

_____ Documentación de la vacuna contra el tétanos/difteria/tos ferina acelular

_____ Documentación de la vacuna contra la poliomielitis recibida al cumplir 4 años de edad o después

_____ Documentación de la vacuna MMR

Alabama Department of Public Health Immunization Compliance Managers



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